

# CITY OF CATHEDRAL CITY

Personnel Department 68-700 Avenida Lalo Guerrero Cathedral City CA 92234 (760) 770-0340 GENERAL INSTRUCTIONS

Read these instructions and the attached information before completing the application. Failure to complete the application as directed may result in disqualification of your application.

#### **Applications**

Applications are only accepted only for positions that are currently open.

Please fill out the all parts of the application materials completely and accurately.

Unsigned applications will be rejected

Faxed application materials are not acceptable

#### References

It is the policy of the City to check applicant references. Include at least one reference for each of your last three positions. A complete mailing address and telephone number is required for each reference submitted, and a waiver authorizing the release of information must be signed at the time of the interview.

## Screening

The City will prescreen the applications in order to select the most suitable applicants to continue in the process. Applicants are selected on the basis of information supplied on the application materials as related to the specific position.

Applicants will be notified of the status of their application after the closing date for the position being filled.

Unsuccessful applicants will be notified by mail after the position has been filled.

#### Testing

Some positions require testing. Please review the application materials for information about this part of the selection process

#### **Equal Opportunity**

The City of Cathedral City is an equal opportunity employer and does not discriminate against an applicant on the basis of race, color, religion, sex, age, national origin, ancestry, marital status, sexual orientation, domestic partnership status, veteran status, physical or mental disability. The City is committed to taking affirmative steps to ensure that minorities and women are adequately represented in the City's work force.

Please return the Equal Employment Opportunity Questionnaire with your application. This is confidential and is not used in considering your application for employment. If you have a disability that requires special accommodation for testing (e.g., written test, typing test, performance test or oral interview), please contact the Human Resources Office of your needs at the time you submit your application in order for the City to determine what accommodations can be made.

#### Convictions

If you have been convicted of any law violation (other than a minor traffic violation), be certain to provide complete details. While a conviction does not necessarily rule out employment with the City, the withholding of such information is grounds for automatic disqualification. A felony conviction during the last five years MAY disqualify an applicant under certain circumstances. Please request a *Conviction Review Form* and return it with your application.

City policy requires that all City personnel must undergo and pass a pre-employment physical, which may include a drug screen.

Only the Human Resources Office has the authority to make a job offer for any City position.



# APPLICATION FOR EMPLOYMENT

# City of Cathedral City

Human Resources Office 68-700 Avenida Lalo Guerrero Cathedral City, CA 92234 Job Hotline Number (760) 770-0365

Read the job description, to see if you meet the requirements. Show clearly all-previous work experience, education and training which qualifies you **for this job**.

False statements or unsigned applications are cause for rejection of application, removal of name from eligibility list, or dismissal from employment.

# FILL OUT COMPLETELY AND DELIVER TO THE PERSONNEL DEPARTMENT (Please type or print)

| POSITION APPLIED FOR                 |                                     | SOC                | CIAL SECURITY NUMBER |
|--------------------------------------|-------------------------------------|--------------------|----------------------|
|                                      |                                     |                    |                      |
| LAST NAME:                           | FIRST NAME:                         | N                  | MIDDLE INITIAL       |
|                                      |                                     |                    |                      |
| STREET ADDRESS                       |                                     |                    |                      |
| CITY                                 | STATE                               | 7                  | IP CODE              |
| CITT                                 | STATE                               | 2                  | IF CODE              |
| HOME TELEPHONE                       | MESSAGE/DAYTIME TELEPHO             | NF                 |                      |
| TIONE TELETITIONE                    | WEGG/(GE/B/(TIME TEEE/TIG           |                    |                      |
|                                      |                                     |                    |                      |
| Are you presently employed by the    | e City of Cathedral City?           |                    | Yes No               |
| Have you ever worked for the City    | Yes No                              |                    |                      |
| Do you have any relatives working    | Yes No                              |                    |                      |
| If you answered yes above, descr     | ribe position held, name of relat   | ive(s), etc.:      |                      |
|                                      | •                                   |                    |                      |
|                                      |                                     |                    |                      |
|                                      |                                     |                    |                      |
| Driver's License Number:             | Class: E                            | xpiration Date:    | State:               |
| If hired, can you provide proof of y | your legal right to work in the Lli | nited States?      | Yes No               |
| ii iii da, daii yda provido prodi di | your logar right to work in the of  | intoa Gtatoo.      | 100 110              |
| Federal Military Service: Have y     | ou ever served in the United St     | ates armed forces? | Yes No               |
| Branch of Service:                   | Rank or Rating:                     | To:                |                      |
| Do you possess an honorable disc     | Yes No                              |                    |                      |
| Date of Discharge:                   | <b>3</b> ,                          | •                  |                      |

**Equal Opportunity:** The City of Cathedral City is an equal opportunity employer and does not discriminate against an applicant on the basis of race, color, religion, sex, age, national origin, ancestry, marital status, sexual orientation, domestic partnership status, veteran status, physical or mental disability. The City is committed to taking affirmative steps to ensure that minorities and women are adequately represented in the City's work force.

| Have you ever pleaded go<br>sentence (except for juve         |        |                           | ed, fin                              | ed, impris           | oned, placed             |                 |             | on or bee<br>_ No  |        | en a si                | uspended          |
|---|--------|---------------------------|--------------------------------------|----------------------|--------------------------|-----------------|-------------|--------------------|--------|------------------------|-------------------|
| f yes, explain in full detail<br>as all employment selection  |        |                           |                                      |                      |                          | es no           | t void      | your cons          | sidera | ation o                | f employme        |
| Date  |        | City & Stat               | City & State Charge (describe fully) |                      |                          | lly)            | Disposition |                    |        |                        |                   |
|   |        |                           |                                      |                      |                          |                 |             |                    |        |                        |                   |
|   |        |                           |                                      |                      |                          |                 |             |                    |        |                        |                   |
| .anguage Ability: (Spec                                       | ify, c | other than End            | alish)                               |                      |                          |                 |             |                    |        |                        |                   |
| LANGUAGE  |        | READ                      | , ,                                  | V                    | VRITE                    |                 |             | SPEAR              | <      |                        |                   |
|   |        |                           |                                      |                      |                          |                 |             |                    |        |                        |                   |
|   |        |                           |                                      |                      |                          |                 |             |                    |        |                        |                   |
| pecial Skills:  |        |                           |                                      |                      |                          |                 |             |                    |        |                        |                   |
| COMPUTER SOFTWARE US  | ED     | BEGINNER                  |                                      | ı                    | NTERMEDIATE              |                 |             | ADVAI              | NCED   |                        |                   |
| WORD  |        |                           |                                      |                      |                          |                 |             |                    |        |                        |                   |
| XCEL  |        |                           |                                      |                      |                          |                 |             |                    |        |                        |                   |
| CCESS   |        |                           |                                      |                      |                          |                 |             |                    |        |                        |                   |
| POWERPOINT  |        |                           |                                      |                      |                          |                 |             |                    |        |                        |                   |
| OTHER LIST:   |        |                           |                                      |                      |                          |                 |             |                    |        |                        |                   |
|   |        |                           |                                      |                      |                          |                 |             |                    |        |                        |                   |
| ducation: Last Element  | ary,   |                           |                                      |                      | l Attended:              |                 |             | CDADU              |        | LOED                   |                   |
| NAME OF HIGH SCHOOL   |        | L                         | OCATI                                | ION                  |                          |                 |             | GRADU              | IAIE   | GED                    |                   |
| NAME A LOCATION OF ALL  |        | BATEO ATTEN               | )                                    |                      | 1 110                    | I 05            |             | 44 1000 0          | T) (F) |                        |                   |
| NAME & LOCATION OF ALL<br>COLLEGES & UNIVERSITIES<br>ATTENDED |        | DATES ATTENI<br>FROM - TO |                                      | FULL OR<br>PART TIME | NO.<br>CREDITS<br>EARNED | SEI<br>OF<br>QT | ₹           | MAJORS &<br>MINORS | DEC    | PE OF<br>GREE<br>EIVED | DATE OF<br>DEGREE |
| MILNOLD   |        |                           |                                      |                      | E/II(IVED                | TRIVED QTR.     |             | NEGETVES           |        |                        |                   |
|   |        |                           |                                      |                      |                          |                 |             |                    |        |                        |                   |
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|   |        |                           |                                      |                      |                          |                 |             |                    |        |                        |                   |
|   |        |                           |                                      |                      |                          |                 |             |                    |        |                        |                   |
| NAME & LOCATION OF BUS<br>SCHOOLS ATTENDED. (INCL             | UDE .  | ANY RELATED               | A.                                   | DATES<br>TTENDED     | COURSE (S                |                 |             | TIFICATE O         |        | DATE                   | RECEIVED          |
| COURSES OR TRAININ  | G RE   | CEIVED).                  | F                                    | ROM - TO             |                          |                 |             |                    |        |                        |                   |
|   |        |                           |                                      |                      |                          |                 |             |                    | +      |                        |                   |
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|   |        |                           |                                      |                      |                          |                 |             |                    |        |                        |                   |
|   |        |                           |                                      |                      |                          |                 |             |                    |        |                        |                   |

**Conviction** 

|                                       |               |                    | e space you may attach a<br>nay improve your chances |            |
|---------------------------------------|---------------|--------------------|--|------------|
| CURRENT OR LAST POSITION              | ON            |                    |  |            |
|                                       | D: MONTH/YEAR | JOB TITLE:         |  | SALARY     |
| EMPLOYER NAME                         |               | ADDRESS            | CITY STATE ZI  | PCODE      |
| DUTIES PERFORMED                      |               |                    |  |            |
|                                       |               |                    |  |            |
|                                       |               |                    |  |            |
|                                       |               |                    |  |            |
|                                       |               |                    |  |            |
| NAME OF SUPERVISOR:                   |               | PHONE: ( )         | NO.  | HRS/WK     |
| REASON FOR LEAVING                    |               |                    | SUPERVISED   |            |
| May we contact this Employer          | ? Yes N       | No Notify me first |  |            |
|                                       |               | ,                  |  |            |
| PREVIOUS POSITION FROM: MONTH/YEAR TO | D: MONTH/YEAR | JOB TITLE:         |  | SALARY     |
| EMPLOYER NAME                         |               | ADDRESS            | CITY STATE ZI  | PCODE      |
| DUTIES PERFORMED                      |               |                    |  |            |
| DOTIES PERFORMED                      |               |                    |  |            |
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| NAME OF SUPERVISOR:                   |               | PHONE: ( )         | NO.  | HRS/WK     |
| REASON FOR LEAVING                    |               | , ,                | SUPERVISED   |            |
|                                       |               | l New Control      |  |            |
| May we contact this Employer          | ? Yes N       | No Notify me first |  |            |
| PREVIOUS POSITION                     |               | LIOD TITLE         |  | 0.41.4.737 |
|                                       | D: MONTH/YEAR | JOB TITLE:         |  | SALARY     |
| EMPLOYER NAME                         |               | ADDRESS            | CITY STATE ZI  | PCODE      |
| DUTIES PERFORMED                      |               |                    |  |            |
|                                       |               |                    |  |            |
|                                       |               |                    |  |            |
|                                       |               |                    |  |            |
|                                       |               |                    |  |            |
| NAME OF SUPERVISOR:                   |               | PHONE: ( )         | NO.<br>SUPERVISED                                    | HRS/WK     |
| REASON FOR LEAVING                    |               |                    | COI LIVIOLD  |            |
| May we contact this Employer          | ? Yes N       | No Notify me first |  |            |

List all jobs you have held beginning with your present or most recent job. Include earlier experience, which may qualify you for the position. ("See attached resume" is not acceptable in

Experience:

| PREVIOUS POSITION          |                           |                       |                          |                 |                         |  |  |  |
|----------------------------|---------------------------|-----------------------|--------------------------|-----------------|-------------------------|--|--|--|
| FROM: MONTH/YEAR           | TO: MONTH/YEAR            | JOB TITLE:            |                          |                 | SALARY                  |  |  |  |
| EMPLOYER NAME              | 1                         | ADDRESS               | CITY                     | STATE ZIF       | PCODE                   |  |  |  |
| DUTIES PERFORMED           |                           |                       |                          |                 |                         |  |  |  |
|                            |                           |                       |                          |                 |                         |  |  |  |
|                            |                           |                       |                          |                 |                         |  |  |  |
|                            |                           |                       |                          |                 |                         |  |  |  |
|                            |                           |                       |                          |                 |                         |  |  |  |
| NAME OF SUPERVISOR:        |                           | PHONE: ( )            |                          | NO.             | HRS/WK                  |  |  |  |
|                            |                           | , , , ,               |                          | SUPERVISED      | 1111077771              |  |  |  |
| REASON FOR LEAVING         |                           |                       |                          |                 |                         |  |  |  |
| May we contact this Emplo  | oyer? Yes N               | o Notify me first     |                          |                 |                         |  |  |  |
|                            |                           |                       |                          |                 |                         |  |  |  |
| References: Give name      |                           |                       |                          |                 |                         |  |  |  |
| knowledge of your cha      |                           |                       | eferably list su         | upervisors not  | shown in your work      |  |  |  |
| history or others who ha   | ive observed you in a w   | ork situation.        |                          |                 |                         |  |  |  |
| T                          |                           | 1                     |                          |                 |                         |  |  |  |
| NAME:                      |                           | BUSINESS              | S/OCCUPATION             |                 |                         |  |  |  |
| ADDRESS:                   |                           | PHONE: A              | PHONE: AREA CODE /NUMBER |                 |                         |  |  |  |
|                            |                           |                       | )                        |                 |                         |  |  |  |
| NAME:                      |                           | BUSINESS              | S/OCCUPATION             |                 |                         |  |  |  |
| ADDRESS:                   |                           | PHONE: A              | PHONE: AREA CODE /NUMBER |                 |                         |  |  |  |
|                            |                           | (                     | )                        |                 |                         |  |  |  |
| NAME:                      |                           | BUSINESS              | S/OCCUPATION             |                 |                         |  |  |  |
| ADDRESS:                   |                           | PHONE: A              | PHONE: AREA CODE /NUMBER |                 |                         |  |  |  |
|                            |                           | (                     | )                        |                 |                         |  |  |  |
| The City of Cathedral City | may contact my former e   | mployers concerning   | g my employme            | nt. Yes         | No                      |  |  |  |
| OFFICIOATE OF A            | DDLICANT /Daad            | mafeelle da afana a s |                          |                 |                         |  |  |  |
| I, the undersigned, here   |                           |                       |                          | ire true and co | orrect to the hest of m |  |  |  |
| knowledge and belief.      |                           |                       |                          |                 |                         |  |  |  |
| employment with the C      | City of Cathedral City of | or may be ground      | ls for dismissa          |                 |                         |  |  |  |
| required to submit verifi- | cation of any information | n provided on this    | application.             |                 |                         |  |  |  |
| Signature of Applicant:    |                           |                       | Date:                    |                 |                         |  |  |  |
| orginature or Applicant.   |                           |                       | _ มิสเษ                  |                 | <del></del>             |  |  |  |
|                            |                           |                       |                          |                 | ¬                       |  |  |  |
|                            | DAT                       | FOR CITY USE O        |                          | IOTIFIED        |                         |  |  |  |
|                            | WRITTEN TEST              | L FA33/FAIL           | AFFLICANT N              |                 |                         |  |  |  |
|                            | PEFORMANCE                |                       |                          |                 |                         |  |  |  |
|                            | TYPING SHORTHAND          |                       |                          |                 |                         |  |  |  |
|                            | INTERVIEW                 |                       |                          |                 |                         |  |  |  |
|                            | OTHER                     |                       |                          |                 |                         |  |  |  |



## CITY OF CATHEDRAL CITY

# **EQUAL OPPORTUNITY QUESTIONNAIRE**

In order to comply with Federal Equal Employment Opportunity/ Affirmative Action regulations and guidelines, employers must have data available on applicant flow patterns. For this reason, we would appreciate your voluntary cooperation in providing the following information. This information is confidential and will be used for *statistical puposes only*. This information will be detached from your application and will not be used to discriminate against or give preference to any individual in any personnel transaction. This information may be provided to government officials investigating our compliance status.

| NAM | DATE  |
|-----|---|
| POS | SITION APPLIED FOR:   |
| Che | ck the categories that apply to you:  |
|     | Male ☐ Female ☐ Are you age 40 or over?   |
| ETH | HNIC CATEGORY (CHECK ONE)   |
|     | American Indian or Alaskan Native  All persons having origins in any of the original peoples of North America who maintain cultural identification through tribal affiliation or community recognition. |
|     | Asian and Pacific Islander All people having origins in the original peoples of the Far East, the Philippines, or the Pacific Islands.  |
|     | Black Non-Hispanic All persons having origins in any of the black racial groups of Africa.  |
|     | <b>Hispanic</b> All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless race.  |
|     | White Non-Hispanic All persons having origins in any of the peoples of Europe, North Africa or the Muddle East.   |
| DIS | ABILITY  A physical or mental impairment that substantially limits one or more life activities, including a psychological disorder or condition, cosmetic disfigurement, or anatomical loss.  Disabled  |
| WH  | ERE DID YOU LEARN ABOUT THIS POSITION? (SPECIFY) Job Hotline Walk-in Friend or employee Newspaper Advertisement Internet  |

Other \_\_